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25943 7590 12/11/2009 Schwabe Williamson & Wyatt PACWEST CENTER, SUITE 1900 1211 SW FIFTH AVENUE						Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
PORTLAND, O	R 97204			8			OCCUPANT OF THE PARTY OF THE PA	<del></del>	(Depositor's name)	
						***************************************	******	***************************************	(Signature)	
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APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	ror		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/665,906	10/665.906 09/18/2003		G.R. Mohan Ra			116953-154602		7033		
TITLE OF INVENTION	: MEMORIES FOR ELI	ECTRO	NIC SYSTEMS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AAAAAAAAAAAAAAAAAAAAAAAA		2022200		
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	e fee	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO YES			\$300	~~~~~	\$0		\$1810 <b>\$1055</b> 03/11/2010		
EXAMINER		/	ART UNIT	CLASS-SUBCLASS						
PORTKA, GARY J			2187 710-038000			~~~		***		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIGNEE Please check the appropriate of the set	less an assignee is ident å in 37 CFR 3.11. Com GNEE	ified bel sletion o	ow, no assignee f this form is NO	data will appear on the filing (B) RESIDENCE: (C)	he pa gan a HTY	tent. If an assign ssignment, and STATE OR C	TNUO	RY)	ocument has been filed for up entity Government	
riease check the appropr	rate assignee category of	caegor	***************************************	***************************************		ARRAMAN ARRAMA		CONTROLLED SAN AND AND AND AND AND AND AND AND AND A		
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0393 (enclose an extra copy of this form).						
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY state			X h Annlicant is no	lono	er claiming SMAI	LL EN	TTTY status. See 37 CF	'R 1.27(g)(2).	
	d Publication Fee (if rea	nired) w	ill not be accented	d from anyone other th					e assignee or other party in	
Authorized Signature /Richard B. Leggett/				44 <b>4 4</b>		Date Mar	ch 5.	2010		
Typed or printed name Richard B. Leggett								9,485		
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223 Under the Paperwork Re	12.3-14.30.								by the USPTO to process) g gathering, preparing, and ne you require to complete irtiment of Commerce, P.O. for Patents, P.O. Box 1450, number.	